

**South Carolina Department of Social Services  
Family Independence Program  
ON-THE-JOB TRAINING AGREEMENT**

I, \_\_\_\_\_, agree to participate in the DSS On-the-Job Training (DSS/OJT) program in order that I may maximize my opportunity to obtain full-time employment, but I understand that DSS cannot guarantee me a job.

In order to participate in the DSS/OJT program, I understand and agree to the following:

1. That I will participate by accepting the DSS/OJT assignment and satisfactorily performing the required number of hours specified below;
2. That failure to participate the required number of hours, unless excused, may result in termination of my Family Independence benefits;
3. That a record of attendance indicating the number of hours I have participated and evaluating my work performance and conduct in the DSS/OJT program will be supplied to DSS by my employer every pay period;
4. That if I am late to or absent from work, I will immediately provide the work site supervisor with a credible reason;
5. I understand that DSS will provide needed support services upon my request that are reasonable and necessary for me to participate in the DSS/OJT program as outlined in my Employability Plan;
6. I understand that the employer will be supplying DSS with information including but not limited to my performance and attendance during the DSS/OJT period.

The DSS/OJT assignment is at: \_\_\_\_\_,  
\_\_\_\_\_ as a \_\_\_\_\_.

Beginning on \_\_\_\_\_ and ending on \_\_\_\_\_ (Not to exceed 6 months)

at \$ \_\_\_\_\_ per hour for \_\_\_\_\_ hours per week.

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Company Address: \_\_\_\_\_

Job Description: \_\_\_\_\_

My job description has been explained to me and I understand it. Trainee must initial: \_\_\_\_\_

\_\_\_\_\_  
Trainee/Employee's Name (Print) Social Security Number

\_\_\_\_\_  
DSS Representative's Name (Print)

\_\_\_\_\_  
Trainee/Employee's Signature Date

\_\_\_\_\_  
DSS Representative's Signature Date

\_\_\_\_\_  
Trainee/Employee's Case Number

\_\_\_\_\_  
DSS Address

\_\_\_\_\_  
DSS County Director/Designee's Signature Date

\_\_\_\_\_  
Provider's Signature Date

## INSTRUCTIONS FOR DSS FORM 3767

### **Purpose**

The purpose of this document is to outline the requirements and the responsibilities of the trainee while participating in the DSS/OJT program. It also provides the trainee with information regarding the job description, hours per week and rate of pay.

### **Distribution**

This form is to be completed by the employer in agreement with the trainee. It should be signed by both parties in addition to the DSS representative and county director or designee. An original and three (3) copies will be completed. The original will be retained by the trainee, a copy to the employer and two copies to the DSS representative. The representative will forward a copy to the FI case manager and county business manager, as appropriate.

### **Instructions**

This form will be completed with multiple purposes. It details, in writing, the requirements of the trainee, DSS and the employer, while describing the job duties, start and end dates and rate of pay for the trainee. It will be a guide for the FI case manager in dealing with Work Program activities and budgeting and the county business manager for reimbursement information.

### **Header Information**

The trainee's name will be entered into the blank, with requirements outlined in item numbers 1-6.

### **Body Information**

Completed by the employer, detailing specifics of company name and location, job title and description, contract period and rate of pay.

### **Footer Information**

Signatures and identifying information for trainee, employer and DSS representatives.